County: Dane WAUNAKEE MANOR HEALTH CARE CENTER

801 KLEIN DRIVE

WAUNAKEE 53597 Phone: (608) 849-50)16	Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation	n: 365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/01):	104	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	104	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	97	Average Daily Census:	96

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	34. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	42. 3
Supp. Home Care-Household Services		Developmental Disabilities	0.0	Under 65	2. 1	More Than 4 Years	23. 7
Day Services	No	Mental Illness (0rg./Psy)	60. 8	65 - 74	7. 2		
Respite Care	Yes	Mental Illness (Other)	7. 2	75 - 84	27. 8		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.0	85 - 94	45. 4	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1.0	95 & 0ver	17. 5	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	3. 1		i	Nursing Staff per 100 Res	
Home Delivered Meals	No	Fractures	6. 2		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	1.0	65 & 0ver	97. 9		
Transportation	No	Cerebrovascul ar	12. 4	l		RNs	9. 8
Referral Service	No	Diabetes	2. 1	Sex	% i	LPNs	6. 5
Other Services	No	Respi ratory	3. 1		j	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	2. 1	Male	19. 6	Aides, & Orderlies	27. 0
Mentally Ill	No	İ		Female	80. 4		
Provi de Day Programming for		Ì	100.0				
Developmentally Disabled	No	j			100. 0		
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Method of Reimbursement

		Medicare litle 18			edicaid itle 19	_		0ther			Pri vate Pay	;		amily Care			anaged Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0. 0	0	1	2. 6	124	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	1	1. 0
Skilled Care	13	100. 0	258	37	94. 9	106	0	0.0	0	37	82. 2	150	0	0.0	0	0	0.0	0	87	89. 7
Intermediate				1	2.6	87	0	0.0	0	3	6. 7	130	0	0.0	0	0	0.0	0	4	4. 1
Limited Care				0	0.0	0	0	0.0	0	3	6. 7	130	0	0.0	0	0	0.0	0	3	3. 1
Personal Care				0	0.0	0	0	0.0	0	2	4.4	130	0	0.0	0	0	0.0	0	2	2. 1
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100. 0		39	100.0		0	0.0		45	100.0		0	0.0		0	0.0		97	100. 0

WAUNAKEE MANOR HEALTH CARE CENTER

Admissions, Discharges, and Deaths During Reporting Period	I				· · · · · · · · · · · · · · · · · · ·	nd Activities as of 12	
	='				% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	si stance of	% Totally	Number of
Private Home/No Home Health	7. 1	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	6. 6	Bathi ng	4. 1		52 . 6	43. 3	97
Other Nursing Homes	7. 1	Dressi ng	20. 6		50. 5	28. 9	97
Acute Care Hospitals	66. 1	Transferring	25. 8		63. 9	10. 3	97
Psych. HospMR/DD Facilities	1. 1	Toilet Use	30. 9		38. 1	30. 9	97
Rehabilitation Hospitals	1.6	Eati ng	71. 1		20. 6	8. 2	97
Other Locations	10.4	*************	******	*****	***********	*******	******
Total Number of Admissions	183	Conti nence		%	Special Treatmen	nts	%
Percent Discharges To:	,	Indwelling Or Extern	al Catheter	6. 2	Receiving Resp	oi ratory Care	4. 1
Private Home/No Home Health	10.0	Occ/Freq. Incontinen	t of Bladder	63. 9		cheostomy Care	1.0
Private Home/With Home Health	10.0	Occ/Freq. Incontinent	t of Bowel	56 . 7	Recei vi ng Suct	i oni ng	0. 0
Other Nursing Homes	6. 1	_			Receiving Osto	omy Care	2. 1
Acute Care Hospitals	16. 1	Mobility			Receiving Tube	e Feedi ng	2. 1
Psych. HospMR/DD Facilities	1. 7	Physically Restraine	d	3. 1	Receiving Mecl	nanically Altered Diets	57.7
Reĥabilitation Hospitals	0.0]				· ·	
Other Locations	22. 2	Skin Care			Other Resident	Characteri sti cs	
Deaths	33. 9	With Pressure Sores		3. 1	Have Advance l	Di recti ves	69. 1
Total Number of Discharges		With Rashes		3. 1	Medi cati ons		
(Including Deaths)	180	İ			Receiving Psyc	choactive Drugs	54 . 6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: 100-199 Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 92.3 82.7 1. 12 83.8 1. 10 84.3 1. 10 84.6 1.09 Current Residents from In-County 95.9 82. 1 1. 17 84. 9 1. 13 82.7 1. 16 77. 0 1. 25 Admissions from In-County, Still Residing 18.0 18.6 0.97 21.5 0.84 21.6 0.84 20.8 0.87 Admissions/Average Daily Census 190.6 178.7 1.07 155. 8 1. 22 137. 9 1.38 128. 9 1.48 Discharges/Average Daily Census 187.5 179.9 1.04 156. 2 1. 20 139. 0 1.35 130.0 1.44 Discharges To Private Residence/Average Daily Census 37.5 76. 7 0.49 61. 3 0.61 55. 2 0.68 52.8 0.71 Residents Receiving Skilled Care 90. 7 93.6 0.97 93. 3 0.97 91.8 0.99 85. 3 1.06 Residents Aged 65 and Older 97. 9 93.4 1.05 92.7 1.06 92. 5 87. 5 1. 12 1.06 Title 19 (Medicaid) Funded Residents 40.2 63.4 0.63 64.8 0.62 64.3 0.63 68. 7 0.59 Private Pay Funded Residents 23.0 25.6 22. 0 46. 4 2.01 23. 3 1. 99 1.81 2. 11 Developmentally Disabled Residents 0.0 0. 7 0.00 0.9 0.00 1. 2 7. 6 0.00 0.00 Mentally Ill Residents 68. 0 30. 1 2. 26 37. 7 1.80 37. 4 1.82 33. 8 2. 01 General Medical Service Residents 2. 1 23.3 0.09 21. 3 0.10 21. 2 0.10 19. 4 0.11 49.3 Impaired ADL (Mean) 47. 2 48.6 0.97 49. 6 0.95 49.6 0.95 0.96 Psychological Problems **54.** 6 50.3 1.09 53. 5 1. 02 54. 1 1.01 51. 9 1. 05 Nursing Care Required (Mean) 7. 3 1. 25 9. 1 6. 2 1.48 6. 5 1. 41 6. 5 1.40